

This information should be completed and submitted online by each grantee receiving \$500,000 or more in total state grant funds.

State Grants Compliance Reporting ≥ \$500,000

All forms must be completed electronically by logging in to www.ncgrants.gov

To log in users must have an NCID and password.

To create an NCID and password, visit this site:
<https://ncid.nc.gov/login/accountTypeSelection.htm>

Each grantee receiving at least \$25,000 should complete the basic information requested here relative to the organization, as well as the accounting for State funds received, used or expended, and a description of activities and accomplishments undertaken by the grantee with the State funds.

1. Organization:	
Organization Name:	
Tax Identification #:	
Organization Fiscal Year End: (mmddyyyy)	
Mailing Address (street, city, state, zip code):	
Phone Number (area code + number):	
Fax Number (area code + number):	
Contact Person:	
Contact Person Title:	
E-Mail Address:	

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer:		
Phone Number:		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title

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G.S. 143-6.2 (repealed June 30, 2007), G.S. 143C-6-23 (effective July 1, 2007) and the North Carolina Administrative Code 09 NCAC 03M requires that every non-State entity that receives, uses, or expends any State funds shall use or expend the funds only for the purposes for which they were appropriated, and that the grantee must have a Conflict of Interest Policy. Please answer the following questions:

4. What restrictions are placed upon the grant by the grant award document? If the grant award document does not identify specific restrictions, please identify the intended use of the grant funds as included in the award document.

Restrictions:

5. Does the organization have a Conflict of Interest policy?

☐ yes ☐ no

6. Is the organization a for profit entity?

☐ yes ☐ no

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7. Did the organization subgrant or pass down any funds to another organization?

☐ yes ☐ no

If yes, answer the following:

a. Name of Subgrantee

b. Program Name

c. Amount Subgranted

8. Program Activities and Accomplishments:

Recipient must complete and submit a separate Program Activities and Accomplishments Report, detailing the program name, the original goals of each program, and a brief narrative of program accomplishments for each funded program. This information is required of all recipients of state funding in an amount greater than or equal to \$25,000.

Funding State Agency

Programs/Title

Total Receipts:

Beginning of the Year Cash Balance:

Unexpended Cash Balance (do NOT use with reimbursement grants)

Beginning of the Year

End of the Year